



THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of

Hoi-Sik MOON

Serial No.: 09/993,503

Confirmation No.: 8146

Filed: November 27, 2001

Docket No.: 6192.0193.AA

Group Art Unit: 2871

Examiner: NGUYEN, Hoan C.

For: **METHOD FOR DECREASING MISALIGNMENT OF A PRINTED CIRCUIT BOARD AND A LIQUID CRYSTAL DISPLAY DEVICE WITH THE PRINTED CIRCUIT BOARD**

**AMENDMENT AND RESPONSE UNDER 37 C.F.R. § 1.111**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

In response to the Office Action mailed May 11, 2004, please enter and consider the following amendments and remarks.

*See  
only*

09/10/2004 09:00:00 00000000 000000 00000000

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# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09-993503  
0 6192-01931U PU  
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## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	12	
FOR	NUMBER FILED,	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	12 minus 20 =	8
INDEPENDENT CLAIMS	2 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 24	Minus ** 20	= 4
Independent	* 5	Minus *** 3	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

## SMALL ENTITY TYPE ☐

RATE	FEE
BASIC FEE	370.00
X\$ 9=	
X42=	
+140=	
TOTAL	

## OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	740.00
X\$18=	
X84=	
+280=	
TOTAL	240

## SMALL ENTITY

RATE	ADDI-TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

## OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE
X\$18=	72
X84=	172
+280=	
TOTAL	244

RATE	ADDI-TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	